



Ruth Ann Terry, MPH, RN, Executive Officer

NURSING PRACTICE COMMITTEE MEETING

MEETING MINUTES

DATE: August 21, 2008

TIME: 2:00 PM – 3:00 PM

LOCATION: Doubletree Guest Suites
2085 S. Harbor Blvd.
Anaheim, CA 92802

COMMITTEE MEMBERS PRESENT:

Susanne J Phillips, RN, MSN, APRN-BC, FNP, Chair
Elizabeth O. Dietz, EdD, RN, CS-NP

OTHERS PRESENT:

Janette Wackerly, MBA, RN NEC Liaison
Ruth Ann Terry, MPH, RN, EO
Heidi Goodman, Assistant Executive Officer
Louisa Gomez Program Manager
Louise Bailey Med, RN SNEC
Miyo Minato, MN, RN, NEC
Badrieh Caraway, MS, RN, NEC
Katie Daugherty, MSN, RN,
La Francine Tate, Board President
Maria Bedroni EdD, SNEC

Susanne J Phillips, Chair, opened the meeting at 2:00 pm with introduction of the committee

1.0 Approve/Not Approve: Minutes of May 8, 2008

MSC: Susanne Phillips/Elizabeth Dietz move to approve the minutes of May 8, 2008

2.0 Approve/Not Approve: Consensus Model for APRN Regulation: Licensure, Accreditation, and Certification & Education

MSC: Susanne Phillips/Elizabeth Dietz move to approve Consensus Model of APRN Regulation: Licensure, Accreditation, and Certification & Education completed through the work of the APRN Consensus Work Group and the

National Council of State Boards of Nursing APRN Advisory Committee. Draft-APRN Joint Dialogue Group Report was published June 18, 2008.

The model for APRN regulation is the product of work conducted by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Committee. These two groups were working independent of each other, but joined through representatives of each group in what was called the APRN Joint Dialogue Group. The outcome of this work has been unanimous agreement on most of the recommendations

APRNs include certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners. Currently, there are not uniform model of regulations for APRNs across the states. The licensing boards governed by state regulations and statutes, are the final arbitrators for who is recognized to practice within a given state. Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examination accepted for entry-level competence assessment.

The Consensus Model of APRN Regulation defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialties, describes the emergence of new roles and population foci, and presents strategies for implementation.

Implementation of the recommendations for an APRN Regulatory Model will occur incrementally. Due to the interdependence of licensure, accreditation, certification and education, certain recommendations will be implemented sequentially. The document recognizes that the model was developed through a consensus process with participation by APRN certifiers, accrediting agencies, public regulators, educators, and employers, it is expected that the recommendations and model as delineated will assist in decisions made by each of these entities. A target date for full implementation of the Regulatory Model and all recommendations is the Year 2015.

Information provided by:
Nancy Chornick, PhD, RN, CAE
Director of Practice and Credentialing
National Council State Boards of Nursing
nchornick@ncsbn.org

3.0 Information only: American Nurses Association Endorses the Consensus Model for APRN Regulations: Licensure, Accreditation, Certification, & Education

The American Nurses Association news release July 1, 2008 ANA Board of Directors endorses a set of standards for APRN regulation to improve access to safe, quality care by advanced practice nurses.

ANA President, Rebecca M. Patton, MSN, RN, CNOR stated that, "*A Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education*" will, for the first time, when implemented, standardize each aspect of the regulatory process for APRNs, resulting in increased mobility, as well as establish independent

practice as the norm rather than the exception. This will support APRNs caring for patients in a safe environment to the full potential of their nursing knowledge and skill.

ANA states that the APRN community is comprised of four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), certified clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Additionally, APRN's focus on at least one of six population foci: psych/mental health, women's health, adult-gerontology, pediatrics, neonatal, or family.

American Nurses Association, News Release 7/1/2008

4.0 Discussion Topic: Geriatric Nursing Practice and Education: Issues and Resources

By: Ann M. Mayo, RN, DNSc
Hartford Post Doctoral Fellow

Gerontological and geriatric nursing practice educational issues will be presented to the committee. Topics include aging, health care delivery to older adults across settings, and diversity as it impacts care to older adults. Resources for faculty development, curriculum development, and certification will be introduced.

Resources:

Building Academic Nursing Capacity: <http://www.geriatricnursing.org/>

Hartford Geriatric Nursing Competencies:
<http://www.hartfordign.org/resources/education/competencies.pdf>

American Nursing Credentialing Center (ANCC):
<http://www.nursecredentialing.org/#>

John A. Hartford RN Review Course: <http://www.nyu.edu/nursing/ce/gnrcr/>

Geriatric and Gerontological Nursing Resources

Ann M. Mayo, RN; DNSc

August 21, 2008

AACN Geriatric Core Competencies.
<http://www.aacn.nche.edu/Education/gercomp.htm>

American Geriatrics Foundation for Health in Aging.
<http://www.healthinaging.org/agingintheknow/>

American Geriatrics Society. <http://www.americangeriatrics.org/>

American Geriatrics Society (2004). *Doorway Thoughts: Cross-Cultural Health Care for Older Adults*, Volume 1. Boston: Jones & Bartlett.

Bergman-Evans, B. (2006). Evidence-based guideline. Improving medication management for older adult clients. *Journal of gerontological nursing*, 32(7), 6-14.

Birks, J. (2006). Cholinesterase inhibitors for Alzheimer's disease. The Cochrane database of systematic reviews, (1), CD005593-.

Britton, A, & Russell, R. (2006). WITHDRAWN: Multidisciplinary team interventions for delirium in patients with chronic cognitive impairment. The Cochrane database of systematic reviews, (2), CD000395-.

Centers for Disease Control (2007). The State of Aging and Health in America. Whitehouse Station, NJ: The Merck Company Foundation

Charlson, ME, Peterson, JC, Syat, BL, et al. (2008). Outcomes of community-based social service interventions in homebound elders. International journal of geriatric psychiatry, 23(4), 427-32.

Cotter, V. T., Evans, L. K. (2007). Try this: Best practices in nursing care for hospitalized older adults. D1. www.hartfordign.org

Delirium Prevention Program.

<http://elderlife.med.yale.edu/public/doclinks.php?pageid=01.02.03>

de Morton, NA, Keating, JL, & Jeffs, K. (2007). Exercise for acutely hospitalised older medical patients. The Cochrane database of systematic reviews, (1), CD005955-.

Flaherty, JH, McBride, M, Marzouk, S, et al. (1998). Decreasing hospitalization rates for older home care patients with symptoms of depression. Journal of the American Geriatrics Society, 46(1), 31-8.

Gerontological Society of America. <http://www.geron.org/>

Greenberg, SA. (2007). How To try this: The Geriatric Depression Scale: Short Form. The American journal of nursing, 107(10), 60-69.

Hall, CB, Derby, C, LeValley, A, et al. (2007). Education delays accelerated decline on a memory test in persons who develop dementia. Neurology, 69(17), 1657-64.

HRSA Comprehensive Geriatric Education Program

<https://grants.hrsa.gov/webexternal/FundingOppDetails.asp?FundingCycleId=E788108A-E00D-4210-B70C->

[8B84184BBD66&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=True&pageNumber=1](https://grants.hrsa.gov/webexternal/FundingOppDetails.asp?FundingCycleId=E788108A-E00D-4210-B70C-8B84184BBD66&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=True&pageNumber=1)

Hausdorff, JM, Levy, BR, & Wei, JY. (1999). The power of ageism on physical function of older persons: reversibility of age-related gait changes. Journal of the American Geriatrics Society, 47(11), 1346-9.

Hendrich, AL, Bender, PS, & Nyhuis, A. (2003). Validation of the Hendrich II Fall Risk Model: a large concurrent case/control study of hospitalized patients. Applied nursing research, 16(1), 9-21.

Hendrich, A, Nyhuis, A, Kippenbrock, T, et al. (1995). Hospital falls: development of a predictive model for clinical practice. *Applied nursing research*, 8(3), 129-39.

Henry, J. D. & Henry, L. G. (2007). *Transformational Eldercare from the Inside Out: Strengths-based strategies for caring*. Silver Spring, MD: American Nurses Association.

Hermans, DG, Htay, UH, & McShane, R. (2007). Non-pharmacological interventions for wandering of people with dementia in the domestic setting. *The Cochrane database of systematic reviews*, (1), CD005994-.

Hill, KD, Vu, M, & Walsh, W. (2007). Falls in the acute hospital setting--impact on resource utilisation. *Australian health review*, 31(3), 471-7.

<http://www.healthinaging.org/agingintheknow/>

Inouye, SK, Baker, DI, Fugal, P, et al. (2006). Dissemination of the hospital elder life program: implementation, adaptation, and successes. *Journal of the American Geriatrics Society*, 54(10), 1492-9.

John A. Hartford Funded Initiatives
Building Academic Geriatric Nursing Capacity (BAGNC).
<http://www.geriatricnursing.org/>

Creating Careers in Geriatric Advanced Practice Nursing.
www.aacn.nche.edu/Education/Hartford/enhancing.htm

Enhancing Geriatric Nursing Education for Baccalaureate and Advanced Practice Nursing. www.aacn.nche.edu/Education/Hartford/enhancing.htm

Enhancing Gerontology Content in Baccalaureate Nursing Education Programs.
www.aacn.nche.edu/GNEC.htm

Geriatric Nursing Education Consortium. www.aacn.nche.edu/geroapp/

Nursing School Geriatric Investment Program. www.geriatricnursing.org/nsgip

Sigma Theta Tau Leadership Program.
<http://www.nursingsociety.org/LeadershipInstitute/GeriatricAcademy/>

Try This Series. <http://www.hartfordign.org/resources/education/tryThis.html>

Try This Video Series.
<http://www.nursingcenter.com/library/static.asp?pageid=730390>

Kerzman, H, Chetrit, A, Brin, L, et al. (2004). Characteristics of falls in hospitalized patients. *Journal of advanced nursing*, 47(2), 223-9.

Levenson, MR, Jennings, PA, Aldwin, CM, et al. (2005). Self-transcendence: conceptualization and measurement. *The international journal of aging & human development*, 60(2), 127-43.

Milbrandt, EB, Deppen, S, Harrison, PL, et al. (2004). Costs associated with delirium in mechanically ventilated patients. *Critical care medicine*, 32(4), 955-62.

Nguyen, QA, & Paton, C. (2008). The use of aromatherapy to treat behavioural problems in dementia. *International journal of geriatric psychiatry*, 23(4), 337-46.

Pluijm, SM, Smit, JH, Tromp, EA, et al. (2006). A risk profile for identifying community-dwelling elderly with a high risk of recurrent falling: results of a 3-year prospective study. *Osteoporosis international*, 17(3), 417-25.

Rakel, B, & Herr, K. (2004). Assessment and treatment of postoperative pain in older adults. *Journal of perianesthesia nursing*, 19(3), 194-208.

Robinson, L, Hutchings, D, Corner, L, et al. (2006). A systematic literature review of the effectiveness of non-pharmacological interventions to prevent wandering in dementia and evaluation of the ethical implications and acceptability of their use. *Health technology assessment*, 10(26), iii, ix-108.

Schwendimann, R, Bühler, H, De Geest, S, et al. (2006). Falls and consequent injuries in hospitalized patients: effects of an interdisciplinary falls prevention program. *BMC health services research*, 6, 69-.

Siddiqi, N, Stockdale, R, Britton, AM, et al. (2007). Interventions for preventing delirium in hospitalised patients. *The Cochrane database of systematic reviews*, (2), CD005563-.

Singh, NA, Clements, KM, & Fiatarone, MA. (1997). A randomized controlled trial of progressive resistance training in depressed elders. *The journals of gerontology. Series A, Biological sciences and medical sciences*, 52(1), M27-35.

Stalenhoef, PA, Diederiks, JP, Knottnerus, JA, et al. (2002). A risk model for the prediction of recurrent falls in community-dwelling elderly: a prospective cohort study. *Journal of clinical epidemiology*, 55(11), 1088-94.

Tornstam, L. (1996). Caring for the elderly. Introducing the theory of gerotranscendence as a supplementary frame of reference for caring for the elderly. *Scandinavian journal of caring sciences*, 10(3), 144-50.

Wyman, JF, Croghan, CF, Nachreiner, NM, et al. (2007). Effectiveness of education and individualized counseling in reducing environmental hazards in the homes of community-dwelling older women. *Journal of the American Geriatrics Society*, 55(10), 1548-56.


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Outline: Discussion

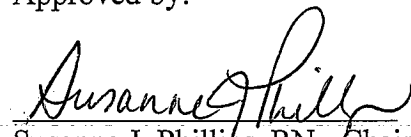
- I. Aging Demographics
- II. Geriatric Nursing Care Issues
 - a. Age-specific
 - b. Setting-specific
 - c. Diversity-specific
- III. Academic Concerns & Resources
 - a. Gerontological and geriatric nursing faculty expertise
 - 1. John A. Hartford Programs
 - 2. Sigma Theta Tau Leadership Program
 - b. Associate, baccalaureate, masters, and doctoral programs
 - 1. John A. Hartford recommendations
 - 2. New APRN Model
 - c. Curriculum
 - 1. Development
 - 2. Integration
 - 3. Theory & clinical courses
- IV Discussions & Questions

5.0 Open Forum

Submitted by:


Janette Wackerly, MBA, RN

Approved by:


Susanne J. Phillips, RN - Chair

NOTICE:

All times are approximate and subject to change. The meeting may be canceled without notice. For verification of the meeting, call 916/574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting facilities are accessible to persons with disabilities. Requests for accommodations should be made to the attention of Eleanor Calhoun at the Board of Registered Nursing, 1625 North Market Blvd., Suite N-217, Sacramento, CA, 95834 or by phone at (916) 574-7600 (Hearing impaired TDD phone number (916) 322-1700) no later than one week prior to the meeting.

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Nursing Practice Committee Liaison